

(Official Form 1) (12/03)

FORM BI 04-34668-11 United States Bankruptcy Court District of Oregon 04-34668		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Symphony Healthcare II, Inc.		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): Healthmont of Oregon II, Inc.		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):
Last four digits of Soc.Sec.No./Complete EIN or other Tax ID No. (if more than one, state all): ; EIN: 62-1827392		Last four digits of Soc.Sec.No./Complete EIN or other Tax ID No. (if more than one, state all):
Street Address of Debtor (No. & Street, City, State & Zip Code): 10300 N.E. Hancock Street Portland, OR 97220		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):
County of Residence or of the Principal Place of Business: Multnomah		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):
Location of Principal Assets of Business Debtor (if different from street address above):		

Information Regarding the Debtor (Check the Applicable Boxes)

Venue (Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☒ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Type of Debtor (Check all boxes that apply)

- | | |
|---|---|
| <input type="checkbox"/> Individual(s) | <input type="checkbox"/> Railroad |
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Stockbroker |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Commodity Broker |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Clearing Bank |

Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)

- | | | |
|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Chapter 7 | <input checked="" type="checkbox"/> Chapter 11 | <input type="checkbox"/> Chapter 13 |
| <input type="checkbox"/> Chapter 9 | <input type="checkbox"/> Chapter 12 | |

Nature of Debts (Check one box)

- ☐ Consumer/Non-Business ☒ Business

Chapter 11 Small Business (Check all boxes that apply)

- ☐ Debtor is a small business as defined in 11 U.S.C. § 101
- ☐ Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)

Filing Fee (Check one box)

- ☒ Full Filing Fee attached
- ☐ Filing Fee to be paid in installments (Applicable to individuals only)
- ☐ Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.

Statistical/Administrative Information (Estimates only)

- ☒ Debtor estimates that funds will be available for distribution to unsecured creditors.
- ☐ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors	1-15	16-49	50-99	100-199	200-999	1000-over
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Estimated Assets	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated Debts	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THIS SPACE IS FOR COURT USE ONLY

**CLERK U.S. BANKRUPTCY COURT
DISTRICT OF OREGON**

MAY - 7 2004

LODGED PAID ☒ REC'D ☒
 DOCKETED ☒
 AFTER 4:30 P.M.

(Official Form 1) (12/03)

FORM B1, Page 2

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Symphony Healthcare II, Inc.	
Location Where Filed: NONE		Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet) Case Number: _____ Date Filed: _____	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Symphony Healthcare IV, LLC		Case Number: 04-32592-tmb7	
District: Oregon		Date Filed: March 23, 2004	
Relationship: Subsidiary		Judge: Trish M. Brown	

Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.	Signatures Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.
X _____ Signature of Debtor X _____ Signature of Joint Debtor _____ Telephone Number (If not represented by attorney) _____ Date _____	Exhibit B ((To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. X _____ Signature of Attorney for Debtor(s) _____ Date _____
X <u>Albert N. Kennedy</u> Signature of Attorney for Debtor(s) ALBERT N. KENNEDY OSB No. 82142 Printed Name of Attorney for Debtor(s) Tonkon Torp LLP Firm Name 888 S.W. Fifth Ave., #1600 Address Portland, OR 97204-2099 503-802-2013 Telephone Number 05/06/04 Date	Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X <u>Kenneth W. Perry</u> Signature of Authorized Individual KENNETH W. PERRY Printed Name of Authorized Individual President Title of Authorized Individual 05/06/04 Date	Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document. _____ Printed Name of Bankruptcy Petition Preparer _____ Social Security Number (Required by 11 U.S.C. § 110(c).) _____ Address _____ Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document: _____ If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. X _____ Signature of Bankruptcy Petition Preparer _____ Date A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

UNITED STATES BANKRUPTCY COURT
District of Oregon

In re Symphony Healthcare II, Inc.,
Debtor

Case No. _____

Chapter 11

Voluntary Petition Continuation Sheet

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor		
Name of Debtor: Symphony Healthercare V, LLC	Case Number: 04-32593-tmb7	Date Filed: March 23, 2004
District: Oregon	Relationship: Affiliate	Judge: Trish M. Brown

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re)
) Case No. 04-34668
)
Symphony Healthcare II, Inc.) **EXHIBIT "C"**
) [If not an Ex. on Petition Pg. 2, then to
) be FULLY completed by ALL debtors
Debtor(s)) and attached to ALL copies of the Petition.]

(NOTE: You must answer ALL questions. Attach additional sheets if necessary. Use of "UNKNOWN" is NOT acceptable!)

1. Identify and briefly describe all real or personal property owned by or in possession of the debtor that, to the best of the debtor's knowledge, poses or is alleged to pose a threat of imminent harm to the public health or safety: None
2. With respect to each parcel of real property or item of personal property identified in question 1, describe the nature and location of the dangerous condition, whether environmental or otherwise, that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety: None
3. DESCRIBE ASSETS REQUIRING TRUSTEE'S IMMEDIATE ATTENTION: None.
4. Street address of principal assets (note property): None.
5. [If debtor(s) an individual] Is debtor(s), OR has debtor(s) ever been within the 6 years prior to filing, either: self-employed or a sole proprietor; a partner, other than a limited partner, of a partnership; or an officer, director, managing executive, or person in control of a corporation? ☒ YES ☐ NO
If YES, complete ALL questions in the Statement of Affairs.
6. [Unless EXACT question already answered on Petition] If debtor is CORPORATION, list name and address of chief executive officer; if debtor is PARTNERSHIP, list names and addresses of general partners: Kenneth W. Perry,
Symphony Healthcare, 210 12th Avenue South, Nashville, TN 37203
7. Total GROSS income of the individual debtor(s) for the last tax year: \$ 0 (i.e., before any deductions).
8. Total amount of unsecured debt: \$ 0.00
9. Total Noncontingent, Liquidated Farming Operation Debt: \$ 0.00
10. Total GROSS income from farming operation for the individual debtor(s) for last tax year: \$ 0.00
11. The BANKRUPTCY DOCUMENT PREPARER DECLARATION below has been completed for any person who helped, for compensation, prepare any of the bankruptcy papers if the debtor does not have an attorney.

I declare under penalty of perjury that the above information provided in this Exhibit "C" is true and correct.

DATED: 05/06/04

Kenneth W. Perry
Debtor's Signature

615-620-1520
Phone #

Joint Debtor's Signature

BANKRUPTCY DOCUMENT PREPARER DECLARATION

I, the undersigned, declare under penalty of perjury that (1) neither I, nor anyone else listed herein, collected or received any payment from or on behalf of the debtor for court fees in connection with filing the petition; (2) I have received \$_____ from or on behalf of the debtor within the previous 12 month period; (3) \$_____ is the unpaid fee charged to the debtor; and (4) the following is true and accurate about myself and any other assistants:

Individual Name and Firm (Type or Print): _____

Address (Type or Print): _____

Social Security Number of all OTHER individuals who prepared or assisted in the preparation of these bankruptcy documents: _____

Signature: _____

Social Security #: _____

Phone #: _____

[NOTE: Penalties up to \$500 per item may be assessed for omission of any required information (11 USC §110; 18 USC §156) and Fed. Bankruptcy Rule 1006 prohibits any payment to any person for services until the court filing fees are paid in full.]

EXHIBIT C (12/1/01)

**UNITED STATES BANKRUPTCY COURT
District of Oregon**

CLERK U.S. BANKRUPTCY COURT
DISTRICT OF OREGON

MAY - 7 2004

In re GKPS, Inc.

Debtor.

Case No.
Chapter 11

LODGED _____ REC'D _____
PAID _____ DOCKETED _____
AFTER 4:30 P.M.

In re SYMPHONY HEALTHCARE I, INC.,

Debtor.

Case No.
Chapter 11

In re SYMPHONY HEALTHCARE II, INC.,

Debtor.

Case No.
Chapter 11

04-34668

In re SYMPHONY HEALTHCARE IV, LLC,

Debtor.

Case No. 04-32592-tmb11
Chapter 11

In re SYMPHONY HEALTHCARE V, LLC,

Debtor.

Case No. 04-32593-tmb11
Chapter 11

DISCLOSURE OF COMPENSATION – Rule 2016(b)

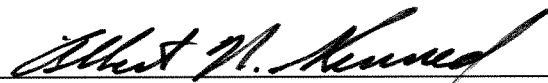
1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case was \$86,414 inclusive of an existing retainer of \$13,517.50.

2. The source of the compensation paid, or to be paid to me was the debtor.

3. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

Date May 7, 2004

Signature


Albert N. Kennedy, OSB No. 82142

032313\00001\570257 V001

Form B4
11/92**Form 4. LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS****UNITED STATES BANKRUPTCY COURT****District of Oregon****CLERK U.S. BANKRUPTCY COURT
DISTRICT OF OREGON**In re **Symphony Healthcare II, Inc.,**
Debtor

Case No. _____

MAY - 7 2004Chapter **11**LODGED _____ REC'D _____
PAID _____ DOCKETED _____
AFTER 4:30 P.M.**04-34668****LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 case. The list does not include (1) person who come within the definition of "insider set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims.

(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim [if secured also state value of security]
McKesson General Medical Group Dept. 0701 P. O. Box 120001 Dallas, TX 75312	McKesson General Medical Group Dept. 0701 P. O. Box 120001 Dallas, TX 75312 Business (877) 425-6242	Trade Debt		80,640.11
On Assignment P. O. Box 633307 Cincinnati, OH 45263-3307	On Assignment P. O. Box 633307 Cincinnati, OH 45263-3307 Business (877) 936-4762	Trade Debt		76,262.16
Eastmoreland Emergency Physicians, Inc. 10300 NE Hancock	Eastmoreland Emergency Physicians, Inc. 10300 NE Hancock Portland, OR 97202	Trade Debt		68,960.00
Nurse Finders P. O. Box 910738 Dallas, TX 75391-0738	Nurse Finders P. O. Box 910738 Dallas, TX 75391-0738 Business (503) 282-7920	Trade Debt		66,337.25
Siemens Med File 4630 Box 60000 San Francisco, CA 94160-4630	Siemens Med File 4630 Box 60000 San Francisco, CA 94160-4630 Business (800) 406-4404	Trade Debt		64,449.71

Form B4
11/92

(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim [if secured also state value of security]
Health Care Services Inc. 9221 SW Barbur Blvd., #205 Portland, OR 97219	Health Care Services Inc. 9221 SW Barbur Blvd., #205 Portland, OR 97219 Business (503) 977-0380	Trade Debt		56,082.23
Quest Diagnostics 5643 Collection Center Dr. Chicago, IL 60693	Quest Diagnostics 5643 Collection Center Dr. Chicago, IL 60693 Business (503) 306-1201	Trade Debt		49,771.58
Portland General Electric P. O. Box 4438 Portland, OR 97208-4438	Portland General Electric P. O. Box 4438 Portland, OR 97208-4438 Business (503) 228-6322	Trade Debt		45,136.24
AAA Healthcare Mgmt. Services 135 A Lasalle St., Dept. 5138 Chicago, IL 60674-5138	AAA Healthcare Mgmt. Services 135 A Lasalle St., Dept. 5138 Chicago, IL 60674-5138 Business (618) 235-4700	Trade Debt		36,439.39
National Data Corporation Network Services Division P. O. Box 945782 Atlanta, GA 30394-5782	National Data Corporation Network Services Division P. O. Box 945782 Atlanta, GA 30394-5782 Business (800) 852-0707	Trade Debt		35,706.12
Exactech P. O. Box 917738 Orlando, FL 32891-7738	Exactech P. O. Box 917738 Orlando, FL 32891-7738 Business (800) 392-2832	Trade Debt		34,888.50
Northwest Physician Mutual Insurance P. O. Box 13400 Salem, OR 97309	Northwest Physician Mutual Insurance P. O. Box 13400 Salem, OR 97309 Business (503) 371-8828	Trade Debt		32,978.00
Health Care Providers Management 12622 NE Stark, Plaza 125 Portland, OR 97233	Health Care Providers Management 12622 NE Stark, Plaza 125 Portland, OR 97233 Business (503) 255-1110	Trade Debt		32,336.68
Steven Redmond, MD 6327 NE Milwaukie Portland, OR 97202	Steven Redmond, MD 6327 NE Milwaukie Portland, OR 97202 Business (503) 418-1800	Trade Debt		30,500.00

Form B4
11/92

(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim [if secured also state value of security]
CompHealth Medical P. O. Box 972670 Dallas, TX 75397-2670	CompHealth Medical P. O. Box 972670 Dallas, TX 75397-2670 Business (800) 328-3021	Trade Debt		28,741.53
Blue Cross P. O. Box 30805 Salt Lake City, UT 84130	Blue Cross P. O. Box 30805 Salt Lake City, UT 84130 Business (503) 225-5221	Trade Debt		27,731.50
Second Chance Staffing c/o Robert Williams 408 SW Second Avenue, Suite 530 Portland, OR 97204-3404	Second Chance Staffing c/o Robert Williams 408 SW Second Avenue, Suite 530 Portland, OR 97204-3404 Business (503) 243-4025	Trade Debt		26,165.60
Sysco Food Services P. O. Box 4100 Portland, OR 97208	Sysco Food Services P. O. Box 4100 Portland, OR 97208 Business (503) 682-6690	Trade Debt		25,951.61
Paula Crone, DO 5436 NE 28th Avenue, Suite A Portland, OR 97202	Paula Crone, DO 5436 NE 28th Avenue, Suite A Portland, OR 97202 Business (503) 239-7030	Trade Debt		24,000.00
Opti/West College Plaza 309 E. Second Street	Opti/West College Plaza 309 E. Second Street Pomona, CA 91766	Trade Debt		24,000.00

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, Edward Hostmann, the Chief Executive Officer of the debtor in this case, declare under penalty of perjury that I have read the foregoing LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS and that it is true and correct to the best of my information and belief.

Date May 7, 2004

Signature

 CEO

EDWARD HOSTMANN, Chief Executive Officer

032313\00001\570313 V001